

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS315AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/19/2009</b>
NAME OF PROVIDER OR SUPPLIER <b>NEW HORIZON REST HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>700 ALHAMBRA DR. LAS VEGAS, NV 89104</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p><b>Initial Comments</b></p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted at your facility on 5/19/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The facility was licensed for ten Residential Facility for Group beds for elderly and disabled persons and/or persons with chronic illnesses and/or persons with mental illness, Category II Residents. The census at the time of the survey was eight. Eight resident files were reviewed and two employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of C.</p> <p>The following deficiencies were identified:</p>	Y 000	<p><i>Aug 10 2009</i> <i>6/17/09</i> <i>Dr. [Signature]</i></p> <p>RECEIVED JUN 05 2009 BUREAU OF LICENSURE AND CERTIFICATION LAS VEGAS, NV</p>	
Y 103 SS=C	<p><b>449.200(1)(d) Personnel File - NAC 441A</b></p> <p><b>NAC 449.200</b> 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee.</p> <p>This RULE: is not met as evidenced by:</p>	Y 103	<p><b>Y103</b></p> <p>a) Employee#2 has made an appointment to receive her physical on 6/6/09</p> <p>b) The facility will ensure all caregivers comply with NAC 441A 375 regarding a new employee physical. The Administrator will demand evidence of proof this upon hire date.</p>	<i>Sh</i>

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



*[Signature]*

TITLE

*Administrator*

(X6) DATE

*6/3/09*

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Y 103	Continued From Page 1  Based on record review on 5/19/09, the facility failed to ensure 1 of 2 caregivers complied with NAC 441A.375 regarding a new employee physical (Employee #2).  Severity: 1      Scope: 3	Y 103		
Y 175 SS=F	449.209(4)(b) Health and Sanitation-Hazards  NAC 449.209 4. To the extent practicable, the premises of the facility must be kept free from: (b) Hazards, including obstacles that impede the free movement of residents within and outside the facility.  This RULE: is not met as evidenced by: Based on observation on 5/19/09, the facility failed to ensure the the exterior of the facility was free from obstacles that impeded the free movement of residents. The rear back yard exit was locked with a key lock and a secondary door exit required force to open. A large upturned couch was between the building and the underpass exit.  Severity: 2      Scope: 3	Y 175	Y175 a) The rear back yard key lock was removed and replaced with a combination type lock. The couch between the building and the underpass exit was removed. b) The facility will implement free movement of residents within and outside the facility. This will be ensured by the Administrator.	
Y 178 SS=C	449.209(5) Health and Sanitation-Maintain Int/Ext  NAC 449.209 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained.	Y 178	Y 178 a) Using CLR, Bleach and a wire brush all trace of mold or lime build-up were removed from the shower in the bthrm connecting b/r #3 b) The facility will ensure appropriate cleaning regimen is followed by responsible parties. The administrator will implement this.	

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Y 178	Continued From Page 2  This RULE: is not met as evidenced by: Based on observation on 5/19/09, the facility failed to ensure the bathrooms were free from mold. There was a large amount of mold in the shower in the bathroom connecting Bedroom #3.  This was a repeat deficiency from the 7/24/08 State Licensure survey.  Severity: 1 Scope: 3	Y 178		
Y 254 SS=F	449.217(5) Storage of Food-No chemicals, detergents  NAC 449.217 5. Pesticides and other toxic substances must not be stored in any area in which food, kitchen equipment, utensils or paper products are stored. Soaps, detergents, cleaning compounds and similar substances must not be stored in any area in which food is stored.  This RULE: is not met as evidenced by: Based on observation on 5/19/09 the facility failed to ensure cleaning substances were not stored with food items.  Severity: 2 Scope: 3	Y 254	Y 254  a) All chemicals, detergents, etc. were removed from the floor of the storage area. Another appropriate storage area was utilized for storage of these items.  b) The Administrator will continue to ensure that this rule is met.	

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Y 693	Continued From Page 3	Y 693		
Y 693 SS=F	<p>449.2712(2) Oxygen-Caregiver monitor resident ability</p> <p>NAC 449.2712</p> <p>2. The caregivers employed by a residential facility with a resident who requires the use of oxygen shall:</p> <p>(a) Monitor the ability of the resident to operate the equipment in accordance with the orders of a physician.</p> <p>(b) Ensure That:</p> <p>(1) The resident's physician evaluates periodically the condition of the resident which necessitates his use of oxygen;</p> <p>(2) Signs which prohibit smoking and notify persons that oxygen is in use are posted in areas of the facility in which oxygen is in use or is being stored;</p> <p>(3) Persons do not smoke in those areas where smoking is prohibited;</p> <p>(4) All electrical equipment is inspected for defects which may cause sparks.</p> <p>(5) All oxygen tanks kept in the facility are secured in a stand or to a wall;</p> <p>(6) The equipment used to administer oxygen is in good working condition;</p> <p>(7) A portable unit for the administration of oxygen in the event of a power outage is present in the facility at all times when a resident who requires oxygen is present in the facility; and</p> <p>(8) The equipment used to administer oxygen is removed from the facility when it is no longer needed by the resident.</p>	Y 693	<p>a) The companies these 02 tanks belonged to were identified and arrangements were made to have these 02 tanks in the outside storage shed moved. These were originally left on the premises and inherited when the property was purchased</p> <p>b) The administrator will continue to ensure this rule is met with any subsequent 02 tanks on the premises.</p>	

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Y 693	Continued From Page 4  This RULE: is not met as evidenced by: Based on observation on 5/19/09 the facility failed to secure 15 oxygen tanks in a rack or to the wall in the outside storage shed.  Severity: 2    Scope: 3	Y 693	<del>Y 682</del> a) The record maintained for Resident #2 medication was corrected and the label now matches the physician order. b) The Administrator will ensure this rule is maintained by the facility.	
Y 882 SS=D	449.2742(6)(c) Medication / change order  NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (c) If the label prepared by a pharmacist does not match the order or prescription written by a physician, the physician, registered nurse or pharmacist must interpret that order or prescription and, within 5 days after the change is ordered, the interpretation must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744.  This RULE: is not met as evidenced by: Based on record review on 5/19/09 the facility failed to ensure medication labels matched physician orders for 1 of 8 residents (Residents #2).  Severity: 2    Scope: 1	Y 882		

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Y 882	Continued From Page 5	Y 882		
Y 885 SS=D	<p>449.2742(9) Medication / Destruction</p> <p>NAC 449.2742</p> <p>9. If the medication of a resident is discontinued, the expiration date of the medication of a resident has passed, or a resident who has been discharged from the facility does not claim the medication, an employee of a residential facility shall destroy the medication, by an acceptable method of destruction, in the presence of a witness and note the destruction of the medication in the record maintained pursuant to NAC 449.2744. Flushing contents of vials, bottles or other containers into a toilet shall be deemed to be an acceptable method of destruction of medication.</p> <p>This RULE: is not met as evidenced by: Based on observation and interview on 5/19/09 the facility failed to destroy medications after they were discontinued, had expired or after a resident had been transferred.</p> <p>Severity: 2    Scope: 1</p>	Y 885	<p>Y 885</p> <p>a) The Resident's Medication was destroyed and logged on her discharge/transfer sheet as required.</p> <p>b) The administrator Will ensure this Policy is met.</p>	

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